

US EPA RECORDS CENTER REGION 5



403862

FACSIMILE TRANSMITTAL SHEET
DELTECH POLYMERS CORPORATION1250 S. Union Street
Troy, Ohio 45373

Telephone: 937-339-3450

Fax: 937-339-7694

335-5286 EXT. 11

SEND TO: TETRA-TECH	FROM: JIM MATTHEWS
ATTN: WAYNE LAWRENCE	DATE: 8-15-05
FAX NUMBER: 513-241-0354	PHONE NUMBER:

☐ Urgent ☐ Please Reply ☐ Please Comment ☐ Please Review ☐ For your Information

Total pages, including cover sheet:

16

COMMENTS



Ohio State Emergency Response Commission
c/o Ohio EPA, Lazarus Government Center
P.O. Box 1049, 122 South Front St.
Columbus, Ohio 43216-1049

Facility Identification Form

☐ Check if form is identical to form submitted last year

Please check, as applicable

- ☐ EHS Reported
☐ No change (from last year's)
☐ Exempt
☐ Ownership change
- ☒ HC Reported
☐ Negative
☐ First time filer

(Important: Type or print: Read Instructions before completing form.)

County: MIAMI

For filing Date: 03/01/05

1. Parent Company or Public Entity Identification

1.1	Name of Parent Company (30 char max)	11
	<u>SA ME</u>	
	Address (30 char max)	
	Address (30 char max)	
1.2	City (25 char max)	12
	State	
	Zip Code	
	1.3-Parent Company: Dun & Bradstreet #	13

2. Facility Identification

2.1	Operating Division Name (30 char max)	14
	<u>DELTECH POLYMERS CORPORATION</u>	
	Facility Name (30 char max)	15
	<u>DELTECH POLYMERS CORPORATION</u>	
	Street Location (30 char max)	16
	<u>1250 S. UNION ST.</u>	
2.2	Mailing Address (if different from Street Location) (30 char max)	17
	City (25 char max)	
	<u>TROY</u>	
	State	
	<u>O H</u>	
	Zip Code	
	<u>45373</u>	
	2.3-Facility: Dun & Bradstreet #	
	<u>6233418547</u>	
	a. SIC Code	
	<u>2821</u>	
2.4	Emergency Contact (30 char max)	
	<u>JAMES E. MATHIS</u>	
	Emergency Contact E-mail Address:	
	<u>jmathis@deltechcorp.com</u>	
2.5	Alternate Contact (30 char max)	
	<u>RICHARD JORDAN</u>	
2.6	Fire Department Name (25 char max)	
	<u>TROY FIRE DEPARTMENT</u>	
2.7	Latitude	
	Deg. Min. Sec.	
	<u>0 0 0</u>	
	Longitude	
	Deg. Min. Sec.	
	<u>0 0 0</u>	
	a. # of Employees	
	<u>5</u>	
2.8	RCRA Identification #	
	<u>01H10774324090H</u>	
	a. NPDES Permit #	
2.9	State Wastewater Facility #	
	a. Pretreatment #	
	<u>22</u>	
2.10	Air Permit Facility #	
	<u>0855140355</u>	
	a. <input type="checkbox"/> Check if list of Facility Permit numbers is attached.	

Where to send completed forms:

SERC
c/o Ohio EPA
Lazarus Government Center
P.O. Box 1049, 122 South Front St.
Columbus, Ohio 43216-1049

County Local Emergency Planning
Committee Information Coordinators

Local Fire Department within the
jurisdiction of the facility

NOTE: If marked "ownership change" in box located in upper right-hand corner, please provide:

a) Name of previous parent company/owner (if known)

Name

Address

City, State, Zip

b) Name of previous facility name (if known)

Name

b. 24 Hr. Telephone Number (Include Area Code)

(937) 339-3150

Telephone Number (Include area code)

(937) 339-3150

Emergency Contact Fax Number

(937) 339-7694

Telephone Number (Include area code)

(937) 339-3150

Fire Department Telephone Number

(937) 335-5678

(This Space for EPA use only)

3. Certification (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on data available to the owners/operator of this facility.

3.1 Name and official title of owner/operator or senior management official at facility

JAMES E. MATHIS - V.P. - GEN. MGR.

Office Telephone Number

(937) 339-3150

3.2 Signature

James E. Mathis

Date Signed

10/21/11/7/10/5

**Ohio State Emergency Response Commission**

c/o Ohio EPA, Lazarus Government Center

P.O. Box 1049, 122 South Front St.

Columbus, Ohio 43216-1049

STAPLE

Emergency and Hazardous Chemical Inventory FormPage 1 of 10 Pages

4.1 Facility Name DELTECH POLYMERS CORP.	City TROY	County MIAMI
Exact Street Location (no box #s) 1250 S. UNION ST.	Zip Code 45373	

4.2 For Filing Date: 03/01/ 054.4 ☐ Check if Revision4.5 ☒ Have Attached a Facility Map4.3 ☐ Check here if form and FACILITY MAP

are Confidential and print

"CONFIDENTIAL FORM" here: _____

5.0		Chemical Description										Hazard Class				Location of Chemicals							Amount			
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EHS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION- CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE	
1	100-42-5	STYRENE	X	X			X				X	X	X	X		A01			Q	1,4		05	05	C	365	
2	100-42-5	STYRENE	X	X			X				X	X	X	X		A06			Q	1,4		05	05	C	365	
3	100-42-5	STYRENE	X	X			X				X	X	X	X		A02			B	1,4		05	05	C	150	
4	100-42-5	STYRENE	X	X			X				X	X	X	X		A02			P	1,4		05	04	C	365	
5	100-42-5	STYRENE			X		X				X	X	X	X		T10			A	1,4		04	04	C	150	

CERTIFICATION (READ AND SIGN AFTER COMPLETING ALL SECTIONS)

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN PAGES ONE THROUGH 10, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

JAMES E. MATHIS**VP- GEN. MGR.**

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENT

SIGNATURE

2-16-05

DATE SIGNED

**Ohio State Emergency Response Commission**

c/o Ohio EPA, Lazarus Government Center

P.O. Box 1049, 122 South Front St.

Columbus, Ohio 43216-1049

STAPLE

Emergency and Hazardous Chemical Inventory FormPage 2 of 10 Pages

4.1 Facility Name DEUTECH POLYMERS CORP.	City TROY	County MIAMI
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	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	ENV. CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION- CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE	
1	100-42-5	STYRENE	X	X			X				X	X	X	X		B01		1	D	1,4		03	03	C	365	
2	100-42-5	STYRENE	X	X			X				X	X	X	X		A07			D	1,4		03	03	C	365	
3	100-42-5	STYRENE	X	X			X				X	X	X	X		A08			O	1,4		03	03	C	365	
4	100-41-4	ETHYL BENZENE	X				X				X		X			A02			P	1,4		04	04	C	365	
5	100-41-4	ETHYL BENZENE	X				X				X		X			T-17			A	1,4		04	04	C	365	

CERTIFICATION (READ AND SIGN AFTER COMPLETING ALL SECTIONS)I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN PAGES ONE THROUGH 10, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.**JAMES E. MATHIS****J.P. GEN. MGR.**

SIGNATURE

James E. Mathis

DATE SIGNED

2-16-05



Ohio State Emergency Response Commission
c/o Ohio EPA, Lazarus Government Center
P.O. Box 1049, 122 South Front St.
Columbus, Ohio 43216-1049

STAPLE

Emergency and Hazardous Chemical Inventory Form

Page 3 of 10 Pages

4.1 Facility Name DELTECH PUMMERS CORP.	City TROY	County MIAMI
Exact Street Location (no box #'s) 1250 S. UNION ST.	Zip Code 451373	

4.2 For Filing Date: 03/01/ 05

4.3 ☐ Check here if form and FACILITY MAP
are Confidential and print
"CONFIDENTIAL FORM" here:

4.4 ☐ Check if Revision

4.5 ☒ I Have Attached a Facility Map

5.0		Chemical Description								Hazard Class				Location of Chemicals						Amount					
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EHS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B.T. OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION- CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE
1	100-41-4	ETHYL BENZENE			X		X				X		X			A01			Q	1.4		04	03	C	365
2	100-41-4	ETHYL BENZENE			X		X				X		X			A06			Q	1.4		04	03	C	365
3	100-41-4	ETHYL BENZENE			X		X				X		X			A02			B	1.4		04	03	C	150
4	100-41-4	ETHYL BENZENE			X		X				X		X			A02			P	1.4		03	02	C	365
5	100-41-4	ETHYL BENZENE			X		X				X		X			T10			A	1.4		03	02	C	150

CERTIFICATION (READ AND SIGN AFTER COMPLETING ALL SECTIONS)

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN PAGES ONE THROUGH 10, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

JAMES E. MATHIS

VP- GEN. MGR.

James E. Mathis

2-16-05

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE SIGNED



Ohio State Emergency Response Commission
c/o Ohio EPA, Lazarus Government Center
P.O. Box 1049, 122 South Front St.
Columbus, Ohio 43216-1049

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Emergency and Hazardous Chemical Inventory Form

Page 4 of 10 Pages

4.1 Facility Name DELTECH POLYMERS CORP.	City TROY	County MIAMI
Exact Street Location (no box #'s) 1250 S. UNION ST.	Zip Code 45373	

4.2 For Filing Date: 03/01/ 05

4.4 ☐ Check if Revision

4.5 ☒ I Have Attached a Facility Map

4.3 ☐ Check here if form and FACILITY MAP

are Confidential and print

"CONFIDENTIAL FORM" here: _____

5.0		Chemical Description										Hazard Class				Location of Chemicals						Amount				
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EHS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION- CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE	
1	100-41-4	ETHYL BENZENE	X	X			X				X		X			B01		1	D	1.4			02	01	C	365
2	100-41-4	ETHYL BENZENE	X	X			X				X		X			A07			D	1.4			02	01	C	365
3	100-41-4	ETHYL BENZENE	X	X			X				X		X			A08			O	1.4			02	01	C	365
4	1330-20-7	XYLENES			X		X				X		X			A01			Q	1.4			04	03	C	365
5	1330-20-7	XYLENES			X		X				X		X			A06			Q	1.4			04	03	C	365

CERTIFICATION (READ AND SIGN AFTER COMPLETING ALL SECTIONS)

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JAMES E. MATHIS

VP- GEN MGR

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENTATIVE

SIGNATURE

James E. Mathis

DATE SIGNED

2-16-05



Ohio State Emergency Response Commission
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STAPLE

Emergency and Hazardous Chemical Inventory Form

Page 5 of 10 Pages

4.1 Facility Name DEUTECH POLYMERS CORP.	City TROY	County MIAMI
Exact Street Location (no box #'s) 1250 S. UNION ST.	Zip Code 45373	

4.2 For Filing Date: 03/01/ 05

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"CONFIDENTIAL FORM" here: _____

5.0		Chemical Description										Hazard Class					Location of Chemicals						Amount			
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EHS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION- CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE	
1	1330-20-7	XYLENES			X		X				X		X			A02			B	1,4		03	03	C	150	
2	1330-20-7	XYLENES			X		X				X		X			A02			P	1,4		03	03	C	365	
3	1330-20-7	XYLENES			X		X				X		X			T10			A	1,4		03	02	C	150	
4	1330-20-7	XYLENES			X		X				X		X			B01		1	D	1,4		02	01	C	365	
5	1330-20-7	XYLENES			X		X				X		X			A07			D	1,4		02	01	C	365	

CERTIFICATION (READ AND SIGN AFTER COMPLETING ALL SECTIONS)

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JAMES E. MATHIS

VP- GEN MGR

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENT

James E. Mathis

SIGNATURE

2-16-05

DATE SIGNED



Ohio State Emergency Response Commission
c/o Ohio EPA, Lazarus Government Center
P.O. Box 1049, 122 South Front St.
Columbus, Ohio 43216-1049

STAPLE

Inventory and Hazardous Chemical Inventory Form

Page 6 of 10 Pages

4.1 Facility Name DELTECH POLYMERS CORP.	City TROY	County MIAMI
Exact Street Location (no box #s) 1250 S. UNION ST.	Zip Code 45373	

4.2 For Filing Date: 03/01/ 05

4.4 ☐ Check if Revision

4.5 ☒ I Have Attached a Facility Map

4.3 ☐ Check here if form and FACILITY MAP
are Confidential and print
"CONFIDENTIAL FORM" here:

Chemical Description										Hazard Class				Location of Chemicals						Amount				
AS STRY O.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EHS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION- CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE
20-7	XYLENES			X		X				X		X			A08			O	1.4		02	01	C	365
2-8	CUMENE			X		X				X	X	X			A01			Q	1.4		04	03	C	365
2-8	CUMENE			X		X				X	X	X			A06			Q	1.4		04	03	C	365
2-8	CUMENE			X		X				X	X	X			A02			B	1.4		03	03	C	150
2-8	CUMENE			X		X				X	X	X			A02			P	1.4		03	03	C	365

UTION (READ AND SIGN AFTER COMPLETING ALL SECTIONS)

UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN PAGES ONE THROUGH 10, AND THAT BASED
UIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

MES E. MATHIS

VP-GEN MGR

OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPI

NTATIVE

SIGNATURE

DATE SIGNED

2-16-05

**Ohio State Emergency Response Commission**

c/o Ohio EPA, Lazarus Government Center

P.O. Box 1049, 122 South Front St.

Columbus, Ohio 43216-1049

STAPLE

Emergency and Hazardous Chemical Inventory FormPage 7 of 10 Pages

4.1 Facility Name DELTECH POLYMERS CORP.	City TROY	County MIAMI
Exact Street Location (no box #'s) 1250 S. UNION ST.	Zip Code 45373	

4.2 For Filing Date: 03/01/ 054.4 ☐ Check if Revision4.5 ☒ I Have Attached a Facility Map4.3 ☐ Check here if form and FACILITY MAP

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5.0		Chemical Description										Hazard Class				Location of Chemicals							Amount			
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EHS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION- CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE	
1	98-82-8	CUMENE			X		X				X	X	X			T10				A	1,4		03	02	C	150
2	98-82-8	CUMENE			X		X				X	X	X			B01		1		D	1,4		02	01	C	365
3	98-82-8	CUMENE			X		X				X	X	X			A07				D	1,4		02	01	C	365
4	98-82-8	CUMENE			X		X				X	X	X			A08				O	1,4		02	01	C	365
5	25013-15-4	VINYL TOLUENE	X		X		X				X	X	X	X		A01				Q	1,4		05	05	C	365

CERTIFICATION (READ AND SIGN AFTER COMPLETING ALL SECTIONS)

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JAMES E. MATHISVP-GEN. MGR.

SIGNATURE

James E. Mathis

DATE SIGNED

2-16-05



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STAPLE

Emergency and Hazardous Chemical Inventory Form

Page 8 of 10 Pages

4.1 Facility Name <u>DELTECH POLYMERS CORP.</u>	City <u>TROY</u>	County <u>MIAMI</u>
Exact Street Location (no box #s) <u>1250 S. UNION ST.</u>	Zip Code <u>45373</u>	

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5.0 Chemical Description										Hazard Class					Location of Chemicals							Amount			
	CAS REGISTRY NO	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	ENV CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION- CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE
1	25013-15-4	VINYL TOLUENE	X	X			X				X	X	X	X		A06			Q	1.4		05	05	C	365
2	25013-15-4	VINYL TOLUENE	X	X			X				X	X	X	X		A02			B	1.4		05	05	C	150
3	25013-15-4	VINYL TOLUENE	X	X			X				X	X	X	X		A02			P	1.4		05	04	C	365
4	25013-15-4	VINYL TOLUENE		X			X				X	X	X	X		T10			A	1.4		04	04	C	150
5	25013-15-4	VINYL TOLUENE	X	X			X				X	X	X	X		B01		1	D	1.4		03	03	C	365

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JAMES E. MATHIS

VP-GEN. MGR.

James E. Mathis

2-16-05

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE SIGNED



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c/o Ohio EPA, Lazarus Government Center
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STAPLE

08/15/2005 16:28 FAX 937 339 7694

Emergency and Hazardous Chemical Inventory Form

Page 9 of 10 Pages

4.1 Facility Name DELTECH POLYMERS CORP	City TROY	County MIAMI
Exact Street Location (no box #s) 1250 S. UNION ST.	Zip Code 45373	

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1	25013-15-4	VINYL TOLUENE	X	X			X				X	X	X	X		A07			D	1.4		03	03	C	365		
2	25013-15-4	VINYL TOLUENE	X	X			X				X	X	X	X		A08			O	1.4		03	03	C	365		
3	68855-24-3	THERMINOL 55		X			X				X		X			T110A			A	2.5		04	04	C	365		
4	68855-24-3	THERMINOL 55		X			X				X		X			T110B			A	2.5		04	04	C	365		
5	68855-24-3	THERMINOL 55		X			X				X		X			B01		1	D	1.4		03	03	C	365		

CERTIFICATION (READ AND SIGN AFTER COMPLETING ALL SECTIONS)

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN PAGES ONE THROUGH 10, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

JAMES E. MATHIS

VP-GEN. MGR.

James E. Mathis

2-16-05

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENT

SIGNATURE

DATE SIGNED



Ohio State Emergency Response Commission
c/o Ohio EPA, Lazarus Government Center
P.O. Box 1049, 122 South Front St.
Columbus, Ohio 43216-1049

STAPLE

Emergency and Hazardous Chemical Inventory Form

Page 60 of 10 Pages

4.1 Facility Name DELTECH POLYMERS CORP.	City TROY	County MIAMI
Exact Street Location (no box #s) 1250 S. UNION ST.	Zip Code 45373	

4.2 For Filing Date: 03/01/05

4.4 ☐ Check if Revision

4.5 ☒ I Have Attached a Facility Map

4.3 ☐ Check here if form and FACILITY MAP
are Confidential and print
"CONFIDENTIAL FORM" here:

5.0		Chemical Description										Hazard Class					Location of Chemicals						Amount			
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	ENV. CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION- CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE	
1	7727-37-9	NITROGEN, REFRIGERATED LIQUID	X				X				X				X	T25			A	27		04	03	C	150	
2	7727-37-9	NITROGEN, COMPRESSED GAS	X					X			X				X	A02			L	24		02	01	C	365	
3	7727-37-9	NITROGEN, COMPRESSED GAS	X					X			X				X	A08			L	24		02	01	C	365	
4																										
5																										

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JAMES E. MATHIS

VP-GEN. MGR.

James E. Mathis
SIGNATURE

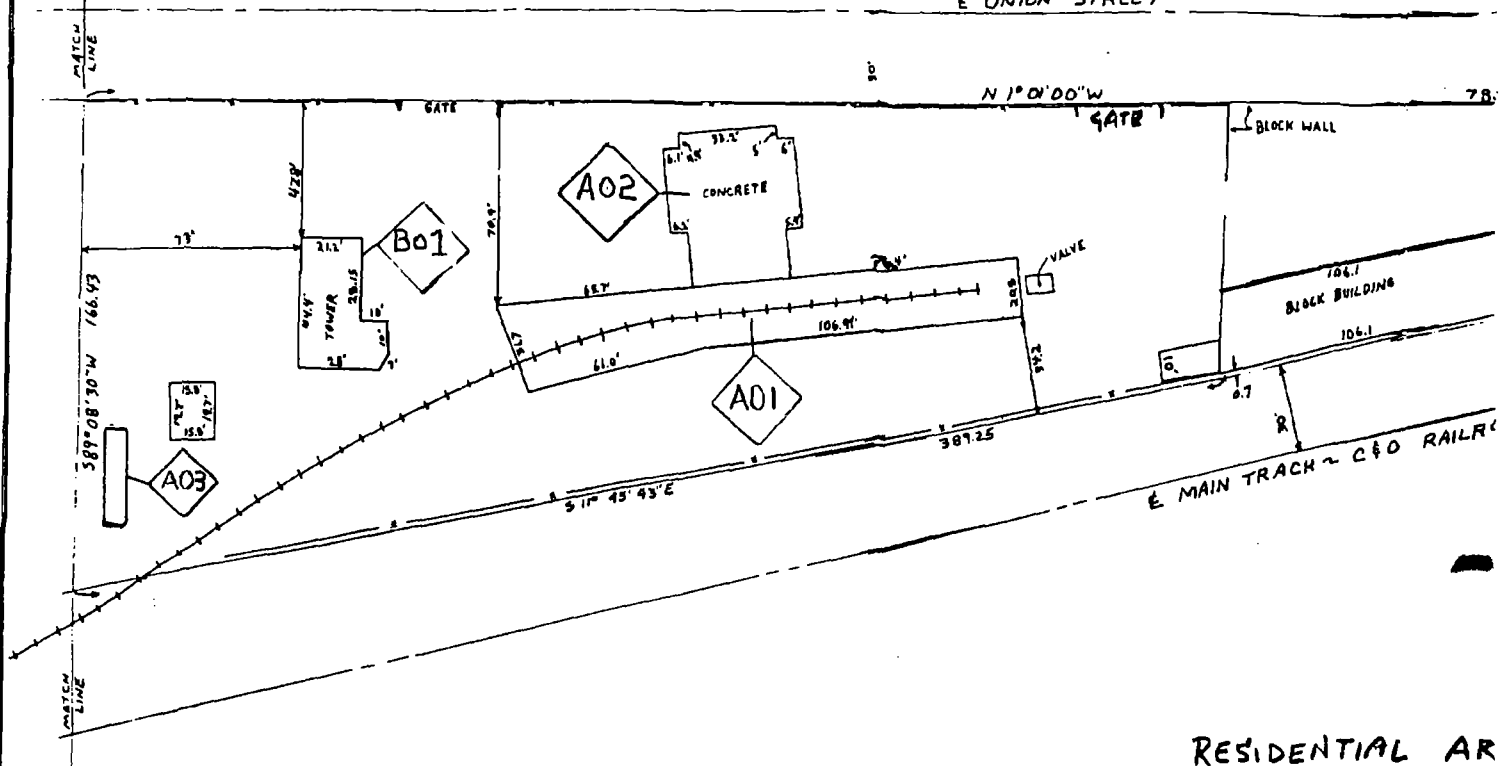
2-16-05
DATE SIGNED

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENTATIVE

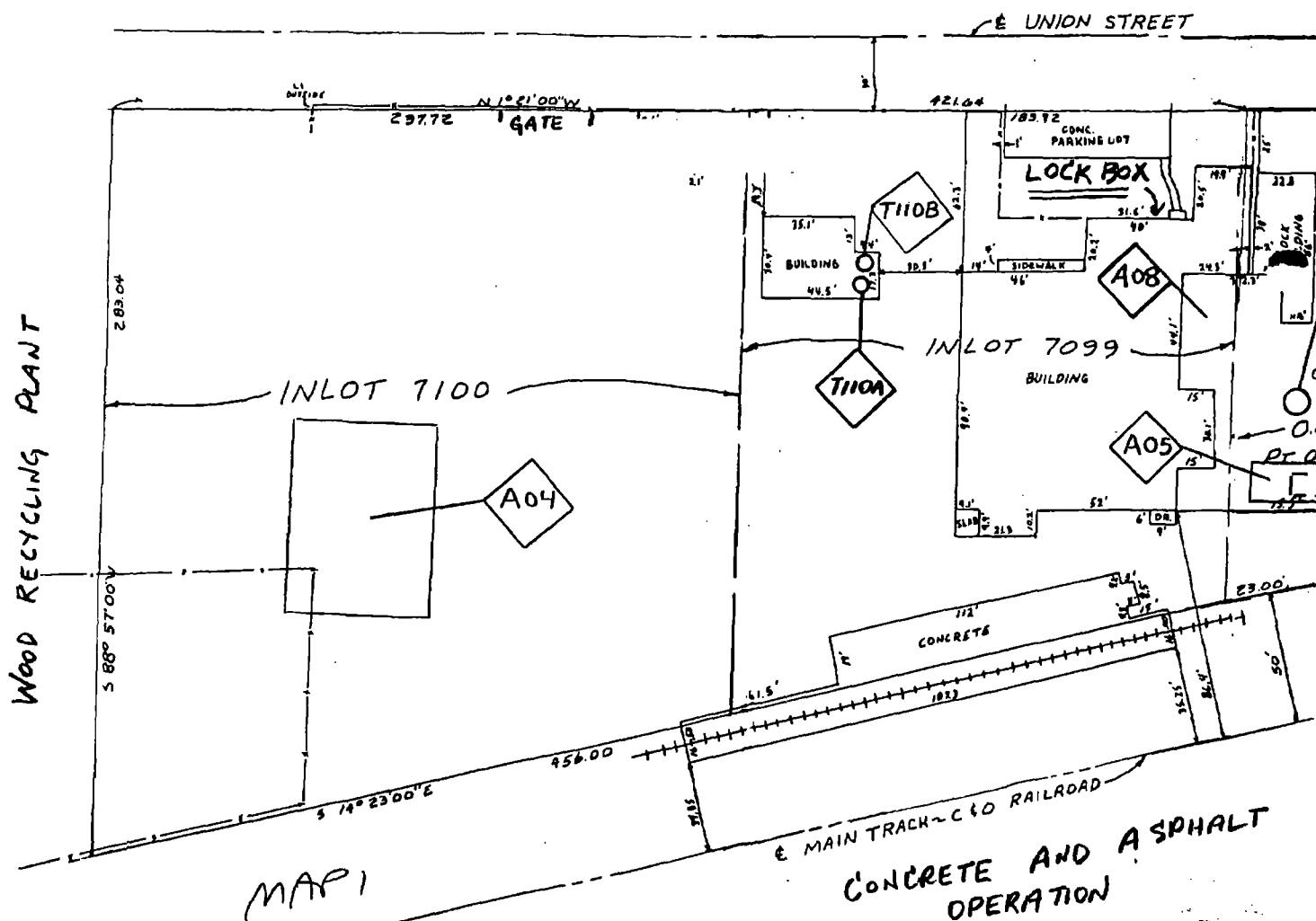
TROY
CORPORATION

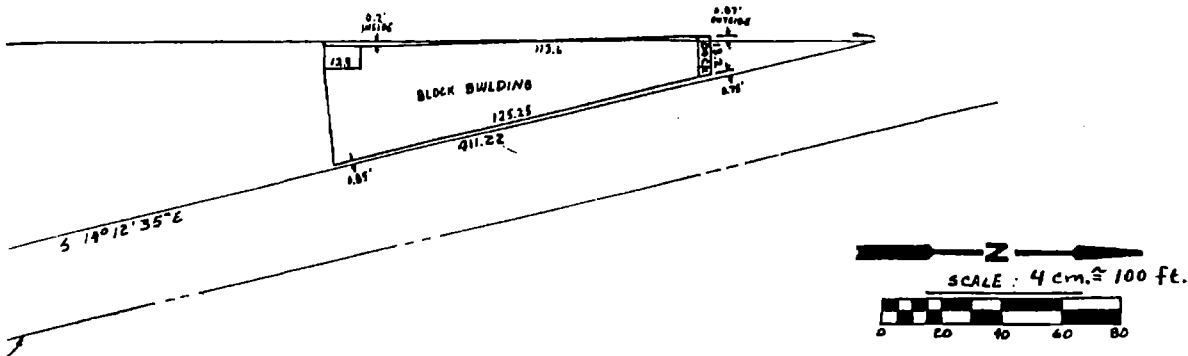
S.E.
SECTION
E UNION STREET

2624,7099,7100
INLOIT



RESIDENTIAL AR



PART 262
OUTLOTMIAMI
COUNTY

AFFIDAVIT

STATE OF OHIO, COUNTY OF MIAMI, SS:

The undersigned, Michael W. Cozatt, herein-after referred to as Affiant, being first duly cautioned and sworn according to law, deposes and states that he is a Registered Surveyor; that he has conducted an actual field survey of the real estate described in Exhibit A, which is attached hereto and incorporated herein by reference as if fully set out herein; that this Affidavit is made to induce the Ohio Bar Title Insurance Company to delete the survey exception from its policy of title insurance on the premises so described; Affiant further acknowledges that all the facts sworn to herein are material and may be relied upon by the Ohio Bar Title Insurance Company with reference to the above-described property; that no adjoining property encroaches upon said premises except as disclosed on the field survey of Affiant; that the property is reflected on the field survey are contiguous; that there are no streams or drainage rights whatsoever into, through, or across said property; that there are no poles, anchors, or other utility implements on said property for which there is not an instrument properly recorded to the best of Affiant's knowledge; that the drawing herein is representative of a true and accurate survey made by Michael W. Cozatt; that this survey was established by actual field measurements; that the right of way lines for the road is completely contiguous to the perimeter lines of the premises along the entire right of way; and that there are no buildings, structures, monuments, iron pipes, encroachments or easements, of any kind, located on the property other than those shown herein.

Further Affiant sayeth naught.

MICHAEL W. COZATT

Sworn to before me and subscribed in my presence this 35th day of March, 1991.

NOTARY PUBLIC

SHIRLEY A. HOSKINS, Notary Public
In and for the State of Ohio
My Commission Expires Oct. 3, 1994

COZATT ENGINEERING COMPANY

CIVIL ENGINEER

LAND SURVEYOR

1008 GRANT ST.

TROY, OHIO

MICHAEL W. COZATT P.S. #600

JOB NO. 01491

MAP 1

DELTECH POLYMERS CORPORATION

TROY, OHIO PLANT

1250 S. UNION ST.

James E. Mathis

Rev. 2/21/2002

MAP 2

DELTECH POLYMERS CORPORATION

TROY, OHIO PLANT

1250 S. UNION ST.

Rev. 2/22/2001

James E. Mathis

DELTECH POLYMERS
CORP. BATTERY
LIMITS

4130+62 Begin Track & Lease

4134+94.8 P.S.

T-8078(3) L=1995' -E

T-8078(4) L=3434' -E

T-8078(1) L=7434' -E

← To Cincinnati

LEASE TRAC
STORAGE AR

A06

- LEGEND -

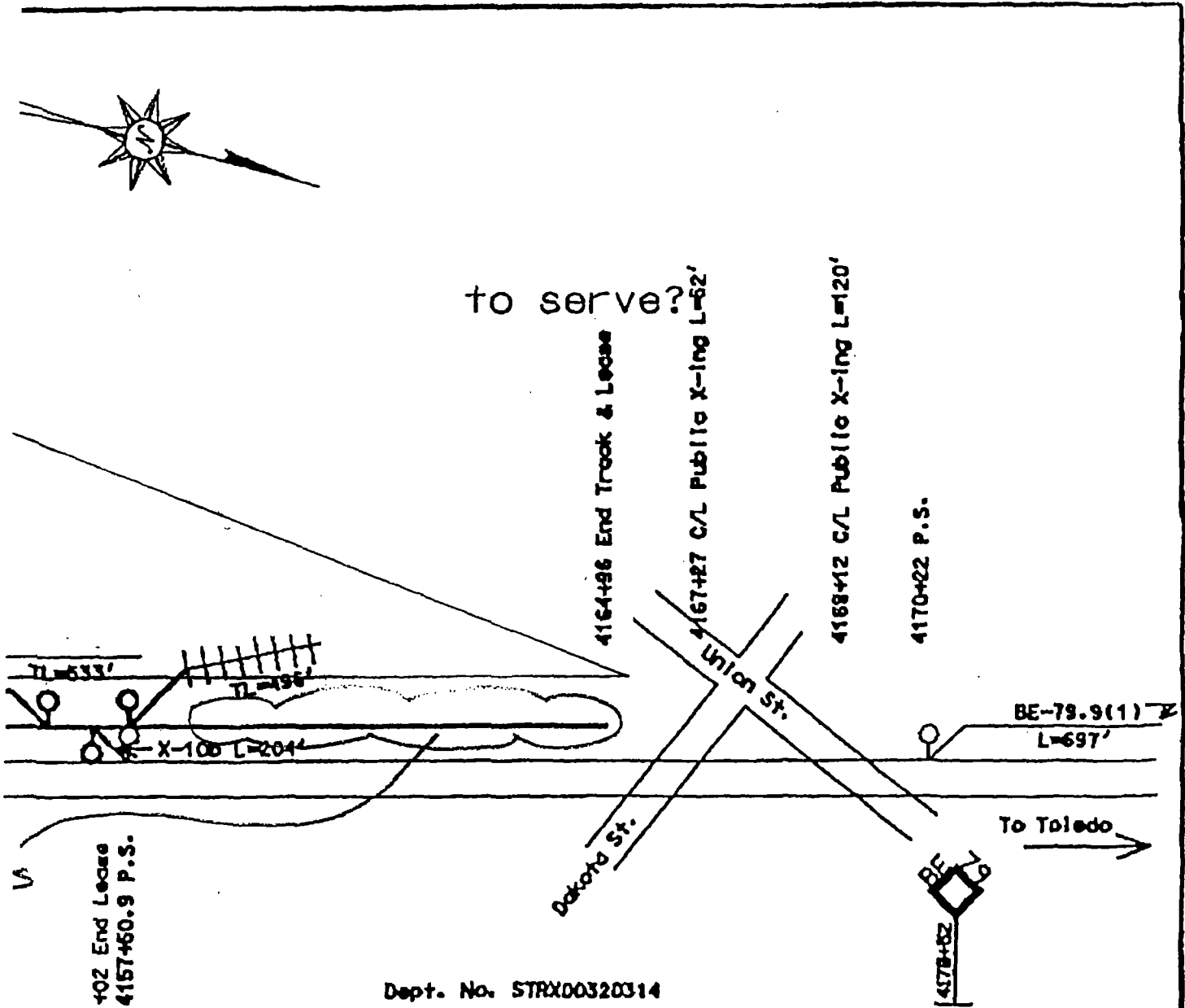
Existing Facilities —

Lease of Track —

5768 TF Incl. 5 T.O.

Industry Owned —

377 TF



Dept. No. STRX00320314



TRANSPORTATION

ENGINEERING DEPARTMENT
DESIGN & CONSTRUCTION
CINCINNATI DISTRICT

REVISIONS

Map to Accompany Agreement
Deltach Polymer Corporation
Troy

Miami Co.

Ohio

Louisville Div

Dayton Sub

SCALE: None

VAL. SEC.

DRAWING NO.

DATE: 1/24/00

V105.1

C000009

DRAWN: DJF

S-10a

FILE: C000009.dgn

CHECKED:

MAP 2

FACSIMILE TRANSMITTAL SHEET
DELTECH POLYMERS CORPORATION1250 S. Union Street
Troy, Ohio 45373Telephone: 937-~~339-3150~~

Fax: 937-339-7694

335-5286 EXT. 11

SEND TO: TETRA-TECH	FROM: JIM MATTHEW
ATTN: WAYNE LAWRENCE	DATE: 8-15-05
FAX NUMBER: 513-241-0354	PHONE NUMBER:

☐ Urgent ☐ Please Reply ☐ Please Comment ☐ Please Review ☐ For your Information

Total pages, including cover sheet:

☒ 7

COMMENTS

2nd Try

FACSIMILE TRANSMITTAL SHEET
DELTECH POLYMERS CORPORATION1250 S. Union Street
Troy, Ohio 45373

Telephone: 937-339-3450

Fax: 937-339-7694

335-5286 EXT. 11

SEND TO: TETRA-TECH	FROM: JIM MATTHEWS
ATTN: WAYNE LAWRENCE	DATE: 8-15-05
FAX NUMBER: 513-241-0354	PHONE NUMBER:

☐ Urgent ☐ Please Reply ☐ Please Comment ☐ Please Review ☐ For your Information

Total pages, including cover sheet:

☒ 5

COMMENTS

3RD ~~ART~~ PART

**Ohio State Emergency Response Commission**

c/o Ohio EPA, Lazarus Government Center

P.O. Box 1049, 122 South Front St.

Columbus, Ohio 43216-1049

STAPLE

08/15/2005 16:26 FAX 937 339 7694

Emergency and Hazardous Chemical Inventory FormPage 6 of 10 Pages

4.1 Facility Name DELTECH POLYMERS CORP.	City TROY	County MIAMI
Exact Street Location (no box #'s) 1250 S. UNION ST.	Zip Code 45373	

4.2 For Filing Date: 03/01/ 054.4 ☐ Check if Revision4.5 ☒ Have Attached a Facility Map4.3 ☐ Check here if form and FACILITY MAP

are Confidential and print

"CONFIDENTIAL FORM" here: _____

5.0		Chemical Description										Hazard Class					Location of Chemicals							Amount			
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME	PURE	MIXTURE	COMPONENTS	EHS CHEMICAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION- CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE		
1	1330-20-7	XYLENES			X		X				X		X			A08			O	1.4		02	01	C	365		
2	98-82-8	CUMENE			X		X				X	X	X			A01			Q	1.4		04	03	C	365		
3	98-82-8	CUMENE			X		X				X	X	X			A06			Q	1.4		04	03	C	365		
4	98-82-8	CUMENE			X		X				X	X	X			A02			B	1.4		03	03	C	150		
5	98-82-8	CUMENE			X		X				X	X	X			A02			P	1.4		03	03	C	365		

CERTIFICATION (READ AND SIGN AFTER COMPLETING ALL SECTIONS)I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN PAGES ONE THROUGH 10, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.**JAMES E. MATHIS****VP-GEN MGR****James E. Mathis****2-16-05**

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE SIGNED



Ohio State Emergency Response Commission
c/o Ohio EPA, Lazarus Government Center
P.O. Box 1049, 122 South Front St.
Columbus, Ohio 43216-1049

STAPLE

Emergency and Hazardous Chemical Inventory Form

Page 5 of 10 Pages

4.1 Facility Name <u>DELTECH PUMMERS CORP.</u>	City <u>TROY</u>	County <u>MIAMI</u>
Exact Street Location (no box #'s) <u>1250 S. UNION ST.</u>	Zip Code <u>45373</u>	

4.2 For Filing Date: 03/01/ 05

4.4 ☐ Check if Revision

4.5 ☒ I Have Attached a Facility Map

4.3 ☐ Check here if form and FACILITY MAP
are Confidential and print
"CONFIDENTIAL FORM" here: _____

5.0		Chemical Description										Hazard Class					Location of Chemicals							Amount										
	CAS REGISTRY NO.	SPECIFIC CHEMICAL NAME										PURE	MIXTURE	COMPONENTS	ENVIRONMENTAL	SOLID	LIQUID	GAS	TRADE SECRET	ACUTE	CHRONIC	FIRE	REACTIVE	RELEASE OF PRESSURE	B, T, OR A BUILDING, TANK OR AREA NO.	DIVISION OR ROOM LETTER	FLOOR	STORAGE TYPE CODE	PRESSURE & TEMPERATURE CONDITIONS	LOCATION- CONFIDENTIAL	MAXIMUM	AVERAGE	UNITS	NO. OF DAYS ON SITE
1	1330-20-7	XYLENES												X		X			X		X			A02			B	1,4		03	03	C	150	
2	1330-20-7	XYLENES												X		X			X		X			A02			P	1,4		03	03	C	365	
3	1330-20-7	XYLENES												X		X			X		X			T10			A	1,4		03	02	C	150	
4	1330-20-7	XYLENES												X		X			X		X			B01		1	D	1,4		02	01	C	365	
5	1330-20-7	XYLENES												X		X			X		X			A07			D	1,4		02	01	C	365	

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JAMES E. MATHIS

VP- GEN MGR

James E. Mathis

2-16-05

NAME AND OFFICIAL TITLE OF OWNER OR OWNERS AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE SIGNED

Physical Status

This section provides instructions for completing the boxes to the right of the Specific Chemical Name under 5.0 Chemical Description.

c. Pure

For any pure hazardous chemical or Extremely Hazardous Substance which is not a mixture or a component of a mixture, place an "X" in the section labeled PURE.

d. Mixture

For any blend of elements, chemicals, or compounds forming a mixture in which the components retain their individual chemical properties that must be reported according to the general instructions, place an "X" in the section labeled MIXTURE. (If you decide to report by mixture, you cannot report components).

e. Component

For any of the elements or chemicals present in a mixture determined to be a hazardous chemical or Extremely Hazardous Substance for which your facility elected to utilize the component method of reporting, place an "X" in the section labeled COMPONENT. If pure chemicals were used in determining the quantity of a component, also mark the PURE section. (If you are reporting by component, you cannot also report by mixture).

f. EHS Chemicals

For any pure, mixture or component which is identified as being an Extremely Hazardous Substance, place an "X" in the section labeled EHS CHEMICAL. (See pages 31 to 38)

g. Solid/Liquid/Gas

The physical state (solid, liquid or gas) of each reported chemical or mixture should be described by placing an "X" in the appropriate section. If a reported chemical is present in different physical states and different containers at the same location, a separate chemical entry should be made for each physical state. (Example: If you have lye as a solid and a liquid it should be listed on two lines of the form, i.e. once as a solid and once as a liquid. Liquified gasses in a pressure tank are only to be listed once.)

A solid is a state of matter characterized by definite shape and volume.
A liquid is a substance where the molecules move freely among themselves but remain in one mass, a fluid.
A gas is a form of matter having extreme molecular mobility and capable of diffusing and expanding rapidly in all directions.

h. Trade Secrets

If you are withholding the name of a chemical in accordance with criteria specified in EPCRA, Section 322, and have submitted a request for trade secret designation in accordance with 40 CFR 350, enter the generic chemical class (e.g. list Toluene diisocyanate as organic isocyanate) and check the box marked TRADE SECRET.
Trade secret information submitted to U.S. EPA must include a substantiation. Please refer to Section 3750.08 (B)(6) and 3750.09 (ORC), or the Federal Register of October 15, 1987 40 CFR part 350 for detailed information on how to comply with a trade secret request. Note: You are still required to submit notification that you have a chemical and indicate its general characteristics. A treating physician or emergency responder may receive trade secret information in emergency situations.

Hazard Class

Mark the appropriate box(es) that indicates which of the five hazard classes the chemical or mixture falls into. This information is detailed in the general instructions section of this booklet, pages 4 and 5.

a. Acute

An acute or immediate health hazard from a one-time exposure.

b. Chronic

A chronic or long-term health hazard, including carcinogens, resulting from one or more exposures.

c. Fire

A fire hazard includes chemicals or mixtures which burn, those which accelerate burning, or which cause a fire by reaction with other materials.

d. Reactive

A reactive hazard includes, but is not limited to, unstable chemicals which can spontaneously react with themselves or with other material, and anything which will react with water.

e. Sudden Release of Pressure

A pressure hazard includes, but is not limited to, compressed gasses, aerosol cans, and explosives.

Location of Chemicals

For each chemical listed on the Emergency and Hazardous Chemical Inventory Form, identify each location and use/storage type for this chemical at your facility present at or above the TQ at anytime during the reporting calendar year. If a chemical is used/stored in more than one use/storage type location, then each storage type and location must be entered on a separate line.

a. Building (or building-like structure), Outside Use/Storage Tanks or Outside Use/Storage Areas.

This space is only for structures and objects which can typically be seen from outdoors on the plant property. This also includes underground storage tanks. Record the letter and number of the building (B), outside use/storage tank (T), or outside use/storage area (A), which is on the facility map you prepared. (Please note: Do Not list inside use/storage tanks or vats in this column; only list the building letter and number where the inside tank is located.)
Buildings, outside tanks and outside areas which are numbered 1 through 9 should be recorded with the number zero preceding the designated number, (e.g., B01, T09, A06, etc). Up to four characters may be used with the letter designated.

b. Division or Room Location

For buildings, record the corresponding letter or number of the room or division from your facility map. For outside tanks and outside use/storage areas, leave this space blank. Inside use/storage tanks are located by the Division or Room Letter. You may use up to four characters in this column. Use/storage code U (Ubiquitous) is to be used when a chemical is found in all portions of a building, room, warehouse, or outside use/storage area in portable or hand-carried containers which change location frequently.

c. Floor

This identifies whether the chemical substance is used/stored above ground or below ground level. For buildings record the following:
• first floor or floor at grade "1"
• second floor "2", etc.
• first floor below grade "A", one floor below street-level entrance of the normal access to the building.
• second floor below grade "B", etc.
Do not use 1/2 floor markings, pick the next floor up or the next floor down.

Outside use/storage tanks and areas do not have a floor location in a building unless they are on a building roof. In this case they should be listed as Building #, Room is "ROOF", Floor #, C##, etc.

d. Use/Storage Type Code

For each chemical or substance and location which you have listed, indicate the code from Table 1 (page 13) for the particular type of containment used for the chemical substance at that place. If more than one storage type is used for a location in a room or on a floor, indicate repeated information on the next line. When listing inside storage tanks use Code "C" and record assigned inside tank numbers with this code (e.g., C23). Up to four characters may be used with letter designations "C", "H", and "V".

Table 1. Codes for Storage Container Type	
Codes	Types of Storage
A	Above-ground outside tank
B	Below-ground outside tank
C	Tank inside building
D	Steel Drum
E	Plastic or non-metallic drum
F	Can
G	Carboy
H	Silo
I	Fiber Drum
J	Bag
K	Box
L	Cylinder
M	Glass bottle or jugs
N	Plastic bottle or jugs
O	Tote bin
P	Tank wagon
Q	Rail car
R	Other
U	Ubiquitous
V	Vat or other open-top vessel

e. Pressure and Temperature Conditions

For each use/storage type, record the pressure and temperature condition from Table 2 under which each chemical is used/stored. Separate the pressure and temperature with a comma (e.g. 1,4).

Table 2. Codes for Use/Storage Conditions

Code	Pressure Conditions
1	Ambient Pressure (1 atmosphere)
2	Greater than ambient pressure
3	Less than ambient pressure
Code	Temperature Conditions
4	Ambient temperature (natural)
5	Temperature maintained by heating
6	Temperature maintained by cooling
7	Cryogenic conditions

f. Confidential Location

Section 3750.09 of the ORC and EPCRA Section 324 allows you to designate the location information on a specific chemical as "confidential" from release to the public. *However, you must still report this information to the SERC, LEPC, and local fire department.* If you choose to request "confidential location status", you will need to submit two chemical inventory forms to each of the above groups; one is a "public" copy and one is an "emergency responders" copy.

(1) On the "public" copy place an "X" in the column labeled Location Confidential and *do not* fill in the other location information blanks. You need to fill in only one line per chemical on your public form. Do not check box 4.3, "Confidential Form" on the public copy.

(2a) On the "emergency responders" copy you must label at the top of the Emergency and Hazardous Chemical Inventory Form "CONFIDENTIAL FORM" and check box 4.3. If you fail to do this, you are responsible for accidental release of your information. "Confidential" Chemical Inventory Forms should be submitted in a separate envelope clearly marked "CONFIDENTIAL LOCATION FORMS" attached to your Facility Identification Form.

(2b) Enter the information for each chemical you are requesting confidential location status as you did for the other chemicals. Any chemical information on this page(s) will not be released to the public. Check the location confidential blank for each line you use.

(3) Attach your envelope of Confidential Chemical Inventory Forms to the Non-Confidential Chemical Inventory Forms. This separates confidential locations from other information that may be disclosed to the public. Those correctly identified form(s) will be placed in a separate locked file along with the facility map, which also will be designated as a "confidential location" item if you provide an envelope for it. Check the map attachment box number 4.5.

(4) Note that amount appears on both forms, but it is not considered confidential in range code quantity. You must still report range code quantity on the public form(s) and specific amounts on the confidential form(s).

Amount

a. Maximum

For each substance/chemical being reported, estimate the maximum amount of the chemical present at your facility at any one time during of the reporting year.

The amount you report may be measured in pounds or gallons rounded up to two significant whole figures. Rounding up in this recommended style is strongly recommended to provide a margin of safety for emergency responders and planners. Two significant figures means the two left-most digits in a number followed by zeros to keep place.

Exact Amount	Reported Amount
34,582 lbs.	35,000 lbs.
164,280 lbs.	170,000 lbs.
6,466 gal.	6,500 gal.
11 gal.	11 gal.

If you want to keep the actual quantity of a chemical confidential, use a maximum and average range code for each location and storage type. **The range codes must refer to pounds.** If you need to convert gallons to pounds, take water which weighs approximately 8.34 pounds per gallon, multiply it by the chemicals specific gravity to get an approximate value for the weight of chemical in pounds per gallon. Then multiply by the total number of gallons of the chemical in inventory.

Table 3. Inventory Range Codes

* to be used when electing not to use actual quantity

RANGE CODE	WEIGHT RANGE IN POUNDS FROM....	TO....
01	0 -	99
02	100 -	999
03	1000 -	9,999
04	10,000 -	99,999
05	100,000 -	999,999
06	1,000,000 -	9,999,999
07	10,000,000 -	49,999,999
08	50,000,000 -	99,999,999
09	100,000,000 -	499,999,999
10	500,000,000 -	999,999,999
11	1 billion	higher than 1 billion

Each location and use/storage type has its own maximum quantity. Do not total the amounts of the same chemical together, except on a public form for confidential locations, and to determine if you have a TQ.

b. Average Code

For each substance/chemical reported at each use/storage location, estimate the average amount that was present at your facility during the year. To do this, total all daily amounts and divide by the number of days the chemical was present at that location. You *must* use the same unit of measure for average amount as you did for maximum amount. Do not total the average amounts of the same chemical together except on the public form for confidential locations.

c. Units

The units that were used to measure the amounts which were listed under MAXIMUM and AVERAGE must be indicated in this section. Please use:

"P"	for pounds
"G"	for gallons
"C"	for range code

d. Number of Days On-Site

Enter the number of days for the reporting calendar year that the chemical substance was found at each location.

6.0. Certification

This must be completed by the owner or operator, or the officially designated representative of the owner or operator. Type or print your full name and official title on each page of this form and enter the current date. Each inventory form page must contain an original signature.

7.0 Filing Fee Calculation Form

The owner or operator of a facility required to annually file a report under Section 3750.08 of the Revised Code shall submit a Facility Annual Chemical Inventory Filing Fee Worksheet (EPA 0320) and a filing fee for each facility reporting. To calculate the correct fee count all the *different* chemicals on your Chemical Inventory Form. If you have listed the same chemical more than once at a single facility because of storage type or location, do not count it a second time—it is still only one chemical.

The State Emergency Response Commission (SERC) revised the filing fee schedule (September 4, 2001). The revised fee schedule is:

- Inventory Form Filing Fee (Base) \$150.00
- Inventory Form Filing Fee (Additional) \$20.00 per hazardous substance reported.
- Inventory Form Filing Fee (Additional) \$150.00 per extremely hazardous substance reported.
- Facility fee cap, not to exceed \$2,500.00
- Late fees received after March 31, shall be subject to 10 percent late fee charge.

The facility annual chemical inventory filing fee worksheet has been adopted by SERC to assist your facility in calculating, step by step, your filing fee. Please follow the fee worksheet instructions carefully when calculating your fee. If you have any questions, please call 614-644-2260 or 1-888-644-2260 (toll free).